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## AHCCCS CONTRACTOR OPERATIONS MANUAL

### CHAPTER 400 - OPERATIONS

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#### **432 - BENEFIT COORDINATION AND FISCAL RESPONSIBILITY FOR BEHAVIORAL HEALTH SERVICES PROVIDED TO MEMBERS ENROLLED IN THE ACUTE CARE SERVICES PROGRAM**

Original Date:

Effective Date: 07/01/12\*,

Revision Date: 10/11/12 – Note: The effect date of this clarification is retroactive to 7/01/12.

Staff Responsible for policy: Behavioral Health

#### **I. Purpose**

This Policy applies to AHCCCS Acute Care Contractors and the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) for the purposes of benefit coordination and delineating financial responsibility for AHCCCS covered behavioral health services provided to AHCCCS members who are enrolled with Acute Care Contractors. For dates of service on and after October 1, 2010, Acute Care Contractors are no longer responsible for payment of behavioral health services provided to their enrolled members, including behavioral health services received during the prior period and emergency inpatient behavioral health services received during the initial seventy-two hours of an emergency inpatient stay, except as otherwise stated in this policy.

This policy specifies that financial responsibility is determined by the primary diagnosis appearing on a claim (defined as the principal diagnosis on a UB claim from a facility or the first-listed diagnosis on a CMS 1500 claim) even if a combination of both medical and behavioral services are listed on the claim.

#### **II. Scope (Overview/General Information)**

ADHS/DBHS is responsible for payment of all behavioral health services received by members enrolled in the AHCCCS Acute Care Program, except as described in Section B. AHCCCS assigns all Acute Care enrolled members into a Regional Behavioral Health Authority (RBHA) or Tribal Regional Behavioral Health Authority (TRBHA) based on the member's zip code in which s/he resides (with the exception of CMDP) at the time of enrollment. This information is included on member identification cards issued on and after October 1, 2010.

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#### III. Definitions

<b>Acute Care Member</b>	An eligible person who is enrolled in an AHCCCS acute care health plan.
<b>Acute Care Hospital</b>	A general hospital that provides surgical services and emergency services and registered as an AHCCCS provider Type 02.
<b>ADHS/DBHS</b>	Arizona Department of Health Services/ Division of Behavioral Health Services, the state agency responsible for the provision of all medically necessary covered behavioral health services to AHCCCS TXIX and TXXI acute care members. ADHS/DBHS contracts with T/RBHAs (Tribal/Regional Behavioral Health Authorities) to administer covered behavioral health services in geographically specific areas of the state. ADHS/DBHS is responsible for ensuring that T/RBHAs comply with the requirements of this policy and for timely addressing any deficiencies and compliance issues attributable to the T/RBHAs.
<b>AIHP</b>	American Indian Health Program
<b>Assignment</b>	The process of designating a T/RBHA for a member based on the member's zip code in which s/he resides. Assignment does not confirm a member has or is actively receiving behavioral health care services. Members enrolled with the Children's Medical/Dental Plan (CMDP) are assigned to a T/RBHA based on the zip code of the court of jurisdiction.
<b>Behavioral Health Recipient</b>	A member who is receiving or has received behavioral health services from the member's respective T/RBHA during any time as an AHCCCS acute care member.
<b>Behavioral Health Diagnosis</b>	Behavioral health diagnoses can be located on the ADHS/DBHS website at <a href="http://www.azdhs.gov/bhs/covserv.htm">http://www.azdhs.gov/bhs/covserv.htm</a> and can also be located in PMMIS by entity type of MHS on reference table RF 724.

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<b>Child</b>	A TXIX/TXXI member under the age of 18 years old as per R9-20-101. For purposes of this policy, the designation of “Child” in the AHCCCS PMMIS does not apply the Early and Periodic Screening, Diagnosis and Treatment for persons under 21 years of age, as described in AHCCCS Rules R9-22, Article 2.
<b>Disenrollment</b>	The discontinuance by AHCCCS of a member’s ability to receive covered services through a Contractor.
<b>Eligibility</b>	The process of determining, through a written application and required documentation, whether an applicant meets the qualifications for Title XIX or Title XXI.
<b>Enrollment</b>	The process by which an eligible person becomes a member of a Contractor’s plan.
<b>GMH/SA</b>	General Mental Health/Substance Abuse
<b>PCP</b>	Primary Care Provider/Physician
<b>Primary Diagnosis</b>	The condition established after study to be chiefly responsible for occasioning the admission or care for the member, (as indicated by the principal diagnosis on a UB claim form from a facility or the first-listed diagnosis on a CMS 1500 claim).
<b>Prior Period</b>	The period of time, prior to the member’s enrollment with an acute care contractor, or if the member is Fee for Service, prior to the date of AHCCCS eligibility determination, during which a member is eligible for covered services. The prior period time frame begins with the first day of the month in which eligibility for Title XIX benefits begin to the date of Title XIX prospective enrollment, or the date of eligibility determination for Fee-for-Service members, whichever is applicable.
<b>SMI</b>	Seriously Mentally Ill; a person 18 years of age or older who is seriously mentally ill as defined in A.R.S. §36-550.

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#### **T/RBHA**

Tribal/Regional Behavioral Health Authority- an organization under contract with ADHS/DBHS that administers covered behavioral health services in a geographically specific area of the state. Tribal governments, through an agreement with ADHS, may operate a Tribal Regional Behavioral Health Authority for the provision of behavioral health services to American Indian members.

### **III. Policy**

#### **A. General**

Effective October 1, 2010, AHCCCS assigns all Acute Care enrolled members into a Regional Behavioral Health Authority (RBHA) or Tribal Regional Behavioral Health Authority (T/RBHA) based on the zip code in which the members resides. The T/RBHA will be identified on the member's AHCCCS ID card, the AHCCCS website and 270-271 transactions on and after October 1, 2010.

Although members are assigned to their geographically assigned T/RBHA, members must still contact their respective T/RBHA to initiate services. Members are notified of their behavioral health enrollment and how to access behavioral health services by AHCCCS and ADHS/DBHS through their member handbook in addition to their membership card.

Acute care members will always be enrolled in their assigned T/RBHA whether or not they are actively receiving behavioral health services. Therefore, members will never be disenrolled from the T/RBHA even when treatment is successfully completed or members choose to terminate behavioral health services.

#### **B. Acute Care Contractor Responsibilities/Roles in serving behavioral health recipients**

1. Acute Care Contractors are responsible for assisting members in obtaining behavioral health services if requested. The Acute Care Contractor's Behavioral Health Coordinator can facilitate the member's appointment for behavioral health services.
2. Acute Care Contractors are responsible for transportation for the member to the initial T/RBHA scheduled appointment and to the emergency department of an acute care hospital when the transport is emergent.
3. Acute Care Contractors are responsible for non-behavioral health professional

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fees related to co-morbid conditions such as treatment for diabetes, asthma, hypertension etc.

4. Acute Care Contractors are responsible for claims with behavioral health primary diagnoses that are related to communication disorders usually diagnosed in infancy, childhood or adolescence. The claim must be accompanied by procedure codes ranging from 92506-92508 and 92550-92597. These behavioral health conditions require provider types such as speech therapists or other physical health providers, not considered behavioral health providers.
5. Acute care contractors are *not* responsible for reimbursement of inpatient facility and professional behavioral health services to hospitalized members with primary behavioral health diagnoses. Reimbursement is unrelated to the bed or floor where the member is placed.
6. Acute Care Contractors are responsible for the following when provided in an emergency department and there is no admission to the facility:

- a) Reimbursement of all facility covered services, including triage and diagnostic tests, regardless of primary diagnosis.

- b) Reimbursement of non behavioral health *professional* claims, regardless of the presenting problem or diagnosis.

Acute Care Contractors are not responsible for payment of claims for behavioral health professional services provided in the emergency department. For example, if a behavioral health professional evaluates a member in the emergency room, the T/RBHA is responsible for payment, and the behavioral health professional must bill the T/RBHA for the evaluation.

In the event of an admission from the emergency department, the responsible payor is determined by the primary diagnosis appearing on the claim for the inpatient stay.

7. Acute Care Contractors are responsible for reimbursement of primary care provider visits, prescriptions, laboratory and other diagnostic tests necessary for diagnosis and treatment of depression, anxiety and/or attention deficit hyperactive disorder.
  - a) Acute Care Contractors may implement step therapy for behavioral health medications used for these disorders except when the ADHS/DBHS Referral Form 4.3.1 indicates that 1) step therapy has occurred or 2) the treating T/RBHA provider recommends that the member remain on the current prescribed medication for psychiatric

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stability.

- b) Members may continue to receive medication management from their primary care providers (which are the fiscal responsibility of the acute care contractor) while simultaneously receiving counseling and other medically necessary rehabilitative services from the T/RBHA.
- 8. Acute Care Contractors are responsible for ensuring that the member's supply of psychotropic medications, including antipsychotic medication, is adequate to last through the date of the member's first appointment with a T/RBHA prescriber even if the first appointment is delayed. Acute Care Contractors are responsible for forwarding all relevant member medical information to the T/RBHA prescriber so that it is received prior to the first appointment.
- 8. Acute Care Contractors are responsible for contacting the T/RBHA for problem resolution regarding access to/delivery of behavioral health services. In the event the T/RBHA is unable to timely resolve the issue, the Acute Care Contractor must notify ADHS/DBHS Member Services (and Quality Management regarding quality of care issues) for assistance in resolving the issue.

#### **C. ADHS/DBHS Roles/Responsibilities for behavioral health services for acute care members**

- 1. The T/RBHA is responsible for accepting and acting upon referrals for behavioral health services, including emergency referrals, in accordance with contractual timelines. A referral is any oral, written, faxed, or electronic request for services made by the member, Acute Care Contractor and or the PCP.
- 2. The T/RBHA is responsible for ensuring that the final disposition of all referrals for behavioral health services, including emergency referrals from PCPs and Acute Care Contractors is communicated to the referral source and Acute Care Contractor Behavioral Health Coordinator no later than 30 days from the date of the member's initial assessment. If the member declines behavioral health services the final disposition must be communicated back to the referral source and Acute Care Contractor Behavioral Health Coordinator, when applicable, within 30 days from the date of the referral. The T/RBHA is responsible for notifying the Acute Care Contractor if the member does not show up for a scheduled initial appointment and the date of the next scheduled appointment in order for the Acute Care Contractor to assure that the member's psychiatric medications are not interrupted.
- 3. The T/RBHA is responsible for ensuring a timely response to all appointment requests and shall schedule emergency, urgent and routine evaluations

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consistent with the member's needs and within contractual appointment standards.

4. The T/RBHA is not responsible for claims with behavioral health primary diagnoses that are related to communication disorders usually diagnosed in infancy, childhood or adolescence. Denied claims must include procedure codes ranging from 92506-92508 and 92550-92597. These behavioral health conditions require provider types such as speech therapists or other physical health care providers, which are not considered behavioral health providers.
5. The T/RBHA is responsible for reimbursement of detoxification services provided to a member who is medically stable regardless of setting or bed type.
6. The T/RBHA is *not* responsible for transportation for the member to the initial T/RBHA scheduled appointment or to the emergency department of an acute care hospital when the transport is emergent.
7. The T/RBHA is responsible for reimbursement of both the inpatient facility services and the professional behavioral health services for hospitalized members with primary behavioral health diagnoses unrelated to the bed or floor where the member is placed. Reimbursement of professional behavioral health services, including consultations, is unrelated to the bed or floor where the member is placed even if the member has or is being treated for other co-morbid physical conditions such as diabetes, asthma, hypertension etc. T/RBHAs are not responsible for non-behavioral health professional fees related to the co-morbid conditions.
8. In the event of an admission from the emergency department, the responsible payor is determined by the primary diagnosis appearing on the claim for the inpatient stay.
9. The T/RBHA is responsible for payment of medically necessary professional psychiatric consultations provided to acute care members in either emergency room or inpatient settings, when the primary diagnosis on the professional claim is behavioral health (regardless of primary diagnosis on the facility claim for the inpatient stay). This includes but is not limited to surgeries, procedures or therapies for which behavioral health support for a member is indicated to determine if there are any behavioral health contraindications.
10. The T/RBHA is responsible for reimbursement of ambulance transportation and/or other medically necessary transportation provided to a member who requires behavioral services after s/he has been medically stabilized. For example, the T/RBHA is responsible for transporting a medically stabilized member from the emergency room to another level of care or setting when behavioral health services are medically necessary.
11. The T/RBHA is not responsible for ambulance transportation and/or other medically necessary transportation when the member is enrolled in the AIHP and the primary diagnosis is not behavioral health (unspecified diagnosis code is not considered a behavioral health diagnosis code).

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12. The T/RBHA is responsible for ensuring that the member's supply of psychotropic medications for the treatment of depression, anxiety and attention deficit/hyperactive disorder is adequate to last through the date of the member's first appointment with the PCP, when the T/RBHA has confirmed acceptance of transferring the member to back to the PCP with the PCP. The T/RBHA is responsible for forwarding all relevant member medical information to the PCP that it is received prior to the first/next appointment.
13. The T/RBHA is responsible for reimbursement of laboratory and other diagnostic tests necessary for the initial and ongoing treatment of behavioral health conditions. The primary diagnosis must be a behavioral health diagnosis.
14. The T/RBHA is responsible for submitting the ADHS/DBHS Referral Form 4.3.1 to member's Primary Care Providers (PCPs) for all members referred by the PCP. In such instances the T/RBHA must notify the PCP of the members' diagnosis, the critical laboratory values as defined by the laboratory, and the prescribed medications, including notification of changes in class of medications. For all other members receiving behavioral health services, the above information must be provided by the T/RBHA to the PCP no later than 10 days from the date of the request.
15. Payment of pre-petition screening and court ordered evaluation services are the fiscal responsibility of a county. For payment responsibility for other court ordered services refer to the AHCCCS Contractors Operational Manual Policy 423.
16. The T/RBHA and/or ADHS/DBHS are responsible for contacting and responding to Acute Care Contractors in a timely manner whenever problems with accessing behavioral health services are identified.

#### **D. AHCCCS Responsibilities/Roles**

1. AHCCCS assigns each acute care member to his/her respective T/RBHA based on the zip code in which s/he resides with the exception of CMDP children who are enrolled based on the zip code of the court of jurisdiction.
2. AHCCCS sends daily/monthly electronic 834 files to ADHS/DBHS of all enrolled acute care members.
3. AHCCCS identifies each acute care member as "Seriously Mentally Ill" (SMI), "General Mental Health/Substance Abuse" (GMH/SA) or "Child" in the AHCCCS PMMIS system based on ADHS/DBHS submitted designation of each member.
4. AHCCCS designates each acute care member as either TXIX or TXXI as determined by the member's eligibility category.

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5. AHCCCS identifies acute care members who are actively receiving behavioral health services in the AHCCCS PMMIS system based on ADHS/DBHS submitted designation of each member.
6. AHCCCS is responsible for payment of medically necessary transportation (emergent and non-emergent) for TRBHA enrolled AIHP members and the diagnosis code on the claims is unspecified (799.9).

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#### Matrix of Financial Responsibility

<i>Setting/Service Type</i>	<i>Facility Fee</i>	<i>Behavioral Health Professional Fee (as defined by a primary diagnosis on the professional claim)</i>	<i>Non Behavioral Health Professional Fee (as defined by a primary diagnosis on the professional claim)</i>	
<b>Inpatient Acute Hospital non psychiatric bed when psychiatric bed unavailable and primary diagnosis is psychiatric</b>	T/RBHA	T/RBHA	Acute Care Contractor	
<b>Inpatient Acute Hospital (psychiatric bed)</b>	T/RBHA	T/RBHA	Acute Care Contractor	
<b>Inpatient Acute Hospital (detox bed)</b>	T/RBHA	T/RBHA	Acute Care Contractor	
<b>Residential Treatment Center or any other BH Facility Charges</b>	T/RBHA	T/RBHA	Acute Care Contractor	
<b>Emergency Department (not resulting in an Inpatient admission regardless of primary diagnosis)</b>	Acute Care Contractor	T/RBHA	Acute Care Contractor	
<b>Behavioral health consultation in a hospital setting with a primary medical diagnosis.</b>	Acute Care Contractor	Acute Care Contractor		
<b>Behavioral health consultation in a hospital setting with primary behavioral health diagnosis. Claim must include a behavioral health diagnosis.</b>	Acute Care Contractor	T/RBHA		

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<i>Service Type</i>	<i>Initial BH Appointment</i>	<i>Transfer from an Inpatient Acute Hospital to a BH setting</i>	<i>For other BH related services</i>	
<b>Non Emergency Transportation</b>	Acute Care Contractor	T/RBHA	T/RBHA	
<i>Service Type</i>	<i>From BH Facility to Hospital ER</i>	<i>From the community to Hospital ER</i>	<i>From the community to Psychiatric Hospital</i>	<i>From the Hospital ER to Psychiatric Hospital</i>
<b>Emergency Transportation</b>	Acute Care Contractor	Acute Care Contractor	T/RBHA	T/RBHA
<i>Situation/Service Type</i>	<i>Prescriptions</i>	<i>Primary Care Visit</i>		<i>Other BH Services</i>
<b>Treatment of depression, anxiety and/or attention deficit hyperactive disorder by the primary care physician</b>	Acute Care Contractor	Acute Care Contractor		T/RBHA (as defined by the primary diagnosis)
	<i>Prior to initial appointment with Prescriber</i>	<i>Ongoing (including transition to PCP for depression, anxiety and/or attention deficit hyperactive disorder)</i>		

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<b>Psychotropic Medications</b>	Acute Care Contractor	T/RBHA		
<b>Situation/Service Type</b>				
<b>Behavioral health primary diagnosis with procedure codes 92506-92508 and 92550-92597.</b>	Acute Care Contractor	Acute Care Contractor		

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